



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chi Psi Omega Plus Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000003766

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Barbara Thomas, President  
(Name of Person)

Chi Psi Omega Plus, Inc.  
(Name of Firm/Company)

P.O. Box 771855  
(Address)

Coral Springs, FL 33077  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valoria W. Latson at ( 954 ) 322-5606  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Valoria W. Latson, hereby resign as Secretary/Director  
(Title)

of Chi Psi Omega Plus Inc.  
(Name of Corporation)

NO600000.3766, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Valoria W. Latson  
(Signature of resigning officer/director)

**FILED**  
06 OCT 13 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314